

United States Of America  
Department of Transportation - Federal Aviation Administration  
**Supplemental Type Certificate**

*Number* SA09176AC

*This Certificate issued to* New Systems  
1201 North Industrial Blvd.  
Round Rock, TX 78681

*certifies that the change in the type design for the following product with the limitations and conditions therefor as specified hereon meets the airworthiness requirements of Part 23 of the Federal Aviation Regulations.*

*Original Product Type Certificate Number :* A8SW  
*Make :* Fairchild  
*Model :* SA227-AC, -BC

*Description of Type Design Change:*  
Installation of a Collins ALT-50 Radio Altimeter in accordance with New Systems Master Drawing List 186-00-0001, dated 11-06-95, or later FAA approved revision.

*Limitations and Conditions:*  
Compatibility of this design change with previously approved modifications must be determined by the installer

*This certificate and the supporting data which is the basis for approval shall remain in effect until surrendered, suspended, revoked or a termination date is otherwise established by the Administrator of the Federal Aviation Administration.*

*Date of application :* October 25, 1995

*Date reissued :* March 21, 1997

*Date of issuance :* November 06, 1995

*Date amended :*



*By direction of the Administrator*

*Michele M Owsley*  
(Signature)

Michele M. Owsley  
Manager, Airplane Certification Office  
Southwest Region

(Title)

INSTRUCTIONS: The transfer endorsement below may be used to notify the appropriate FAA Regional Office of the transfer of the Supplemental Type Certificate.

The FAA will reissue the certificate in the name of the transferee and forward it to him.

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**TRANSFER ENDORSEMENT**

Transfer the ownership of Supplemental Type Certificate Number \_\_\_\_\_

to (Name of transferee) \_\_\_\_\_

(Address of transferee) \_\_\_\_\_  
*(Number and street)*

\_\_\_\_\_  
*(City, State, and ZIP code)*

from (Name of grantor) (Print or type) \_\_\_\_\_

(Address of grantor) \_\_\_\_\_  
*(Number & street)*

\_\_\_\_\_  
*(City, State, and ZIP code)*

Extent of Authority (if licensing agreement): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Transfer: \_\_\_\_\_

Signature of grantor (In ink): \_\_\_\_\_